

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 7/25/03.

I. DISPUTE

Whether there should be reimbursement for physician office visits for dates of service 8/02/02, 9/03/02, 10/02/02, and prescription medications for 11/19/01 through 10/25/02. Neither the Requestor nor the Respondent submitted an Explanation of Benefits. Therefore, this dispute will be addressed as an "F" denial.

II. FINDINGS

Based on Rule 133.307(d)(1), a request for medical dispute resolution shall be considered timely if it is filed with the division no later than one year after the date of service in dispute. Therefore, dates of service 11/19/01 through 7/24/02 are not eligible for review. The dates of service eligible for review are 8/02/02 through 10/25/02.

III. RATIONALE

The Requestor is asking for reimbursement for physician office visits (CPT code 99212) for dates of service 8/02/02 (\$58.00), 9/03/02 (\$44.00), 10/02/02 (\$58.00). The Requestor submitted a cash receipt for \$44.00 for date of service 9/03/02. Receipts were not submitted for dates of service 8/02/02 and 10/02/02. Based on Rule 133.307(f)(2), proof of employee payment must be submitted.

The Requestor is also asking for reimbursement for prescription medications for dates of service 8/02/02, Hydrocodone w/APAP 7.5/50 \$18.70; 8/7/02, Hydrocodone w/APAP 7.5/50 \$25.90; 8/20/02, Hydrocodone w/APAP 7.5/50 \$20.40; 9/20/02, Hydrocodone w/APAP 7.5/50 \$20.40 and 10/25/02, Tramadol TAB 50mg \$20.80. The Requestor has submitted documentation from Atkins Pharmacy showing cash payment for the listed prescriptions.

The Carrier responded to the dispute on 7/31/03 with their initial response completing the TWCC-60 and included a letter stating their formal response would follow. The Division forwarded additional information to the Carrier's Austin representative on 8/20/03. The Carrier did not respond.

Reimbursement is recommended in the amount of \$150.20 (\$44.00 Office Visit + \$106.20 prescription medications).

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the Requestor is entitled to reimbursement for CPT code 99212 and prescription medications in the amount of **\$150.20**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$150.20** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 12th day of January 2004.

Pat DeVries
Medical Dispute Resolution Officer
Medical Review Division

PD/pd